

# Course Completion Certificate - for Issue or Renewal of a Single or Multi-Pilot Type/Class or Instrument Rating

Complete in BLOCK CAPITALS using black or dark blue ink.



## FALSE REPRESENTATION STATEMENT

It is an offence under Article 231 of the Air Navigation Order 2009 to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

## 1. COURSE/TRAINING COMPLETION CERTIFICATE

To be completed by the ATO,  
if a separate course certificate has not been provided

I certify that (name) .....

CAA Personal reference number (if known): [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Date of Birth: ..... (dd/mm/yyyy)

has satisfactorily completed a course of training in accordance with Part-FCL for the following:

Initial Type/Class Rating  Refresher Training  No Refresher Training Required

Aircraft Type/Class, including variants: .....

Date Training commenced: ..... Date Training completed: .....

### Training Content:

The course consisted of ..... hours of flight instruction of which..... hours consisted of synthetic flight instruction in a FNPT I or FNPT II/III or FTD 2/3 or FFS.

FSTD Identification Number of device used (which must be issued in accordance with Commission Regulation (EU) 1178/2011)

..... Competent Authority issuing qualification certificate for the device: .....

### Flight Details (if applicable\*):

Aircraft Registration: ..... Number of take-offs and landings: .....

### Theoretical Knowledge Training (if applicable):

Theoretical knowledge examination pass mark (%): ..... Date: .....

### Recommended for Skills Test or Proficiency Check by:

Name:..... Position:..... Licence No.: ..... (if applicable)

### Approved Training Organisation Details:

Approved Training Organisation (ATO): .....

ATO Approval No.: ..... Competent Authority Issuing Approval: .....

Name of Head of Training (or authorised signatory\*\*): ..... Position: .....

Signature of Head of Training or authorised signatory: ..... Date: .....

\* If the base training is conducted with a different ATO, please ensure that form [SRG1112](#) is additionally completed and submitted.

\*\* An authorised signatory acts as a representative of the Head of Training, authorised by the Head of Training or through approved procedures to confirm that the stated training has been conducted by the Approved Training Organisation (ATO). The ATO must maintain a record of those so authorised.